

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-875)**

SERIAL NO.

09/806453
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
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TOTAL IND.	4		4			
TOTAL DEP.	8		6			
TOTAL CLAIMS	12		10			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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